

BUREAU OF INTERNAL AFFAIRS
Investigations Division
General Investigations Section

12 December 2011

LOG #1050601

TO: Juan Rivera
Chief
Bureau of Internal Affairs

ATTN: Robert Klimas
Commander
Investigation Division

ATTN: Lieutenant Susan Clark #320
Administration Section

FROM: Sergeant Joseph Maraffino #2563
Investigations Division
General Investigations Section

Subject: Firearm Discharge Incident-with No Hits

Results: BAC .000
Reference: LOG #1050601
WD # [REDACTED]
RD # [REDACTED]

Incident Location: 1201 N. Austin

Date & Time: 09 December 2011, 2058 hours

W/C: Lt. Platt #577

Involved Member: P/O Craig Williams
Star #19033
Employee [REDACTED]
DOA 06 February 1965
DOB [REDACTED]
Unit 015

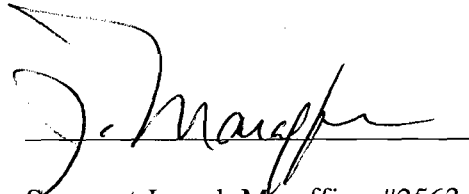
Narrative: Reporting Sergeant received a notification from CPIC Room by P/O Kochan #7160 on 9 December 2011 at 2145 hours regarding a Firearm Discharge Incident in the 015th District by an off duty police officer.

BUREAU OF INTERNAL AFFAIRS
Investigations Division
General Investigations Section

12 December 2011


LOG #1050601

R/Sgt arrived at 0055 and began the 20 minute observation period of P/O Craig Williams at 0110 hours. P/O Craig Williams was presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" Form. The Breath Test was conducted at 0130 hours and the BAC was .000. The Drug Test was completed at 0200 hours. The Watch Commander was notified of the results.



Sergeant Joseph Maraffino #2563
Investigations Division
General Investigations Section

APPROVED:



Commanding Officer
Administration Section



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name CRAIG WILLIAMS Title P/O
Star No. 19033 Employee No. [REDACTED] Unit 015

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name <u>CRAIG WILLIAMS</u>		Involved Member's Signature <u>Craig Williams</u>	Date and Time <u>10 Dec 2011 0115</u>
Type of Test: <u>Alcohol</u>	Location: <u>025</u>	Date and Time: <u>10 Dec 11 0130</u>	
Type of Test: <u>Drug</u>	Location: <u>025</u>	Date and Time: <u>10 Dec 11 0200</u>	

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name <u>Sgt MARAFFINO #2503</u>	IAD Supervisor's Signature <u>[Signature]</u>	Date and Time <u>10 Dec 11 0215</u>
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CPD-44.252 (7/10) DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

TEST RECORD
RBT IU

RBT IU# 022783
DATE 12-10-11
TEST NO. 0084
ID#

23727
AS IU# 098835
TEMPERATURE 20 C

SUBJECT TEST
XBAC TIME
000 BLANK
000 AUTO 01:30

SUBJECT

OPERATOR

MARAFFINO

WITNESS

DNA

TEST LOCATION

LOG# 1050601

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:



Photo ID



Emp. Rep.

F. Reason for Test:



Pre-employment (1)



Random (3)



Reasonable Suspicion/Cause (5)



Post-Accident (2)



Promotion (22)



Return to Duty (6)



Follow-up (23)



Other (specify) (99)

G. Drug Tests to be Performed:

H. Collection Site Name:

Collection Site Code:

Address:

Collector Phone No.:

City, State and Zip:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:



Split



Single



None Provided (Enter Remark)



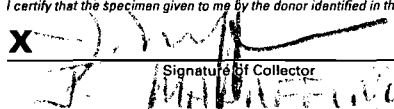
Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X 
Signature of Collector
(Print) Collector's Name (First, MI, Last)

1200 AM
Time of Collection
12/10/11
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:



Quest Diagnostics Courier



FedEx



Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED

AT LAB: **X**

Signature of Accessioner

Primary Specimen
Bottle Seal Intact



Yes




No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X 
Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth Mo. Day Yr.

Mo. Day Yr.

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by

☐ Employer Representative

Sgt MARAFFINO

Signature of Employer Representative

PART I -

A. On the 10 day of Dec, 2011 at 0200, I, CRAIG WILLIAMS

(TIME)

(PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt. MARAFFINO and witnessed this member:

(PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

A

B

MAIN TEST VIAL - NO.

ALTERNATE TEST VIAL - NO.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II - The urine specimen with the control number was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

Conny

(STAFF MEMBER'S SIGNATURE)

, on 12 DEC 11

(DATE)

at 1745

(TIME)

(EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number was removed from the Random Drug Testing Unit refrigerator by and then delivered to

(RDTU MEMBER)

(LAB MEMBER)

(DATE)

(TIME)

Specimen received by

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 12 day of DEC 2011, I PO C. Conry
received a collected urine specimen from SGT. MARAFFINO # [REDACTED] The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by PO C. Conry in the presence
of Sgt MARAFFINO. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by PO C Conry, as witnessed by Sgt MARAFFINO

Specimen delivered by:

Signature

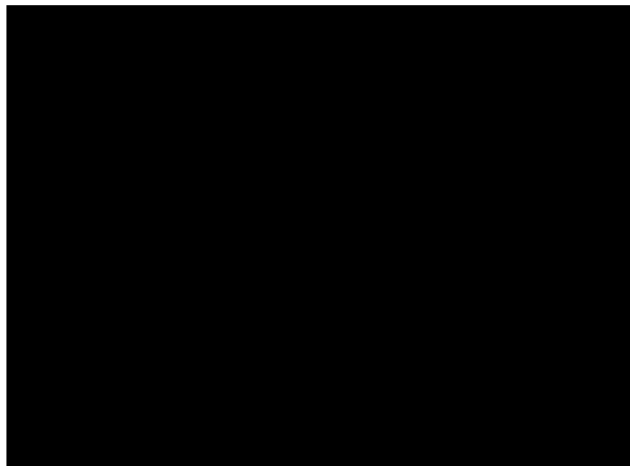
#

Received/stored by:

Signature

#

Last Name: Williams
First Name: CRAIG
Rank: P/O
Star #: 19033
Unit: 015
Home Zip Code:
Date Hired: 06 FEB 1995
Birthdate:



TS
copy

- C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.
- D. Close the vial cap.
- E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number
- F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number

EXAMINEE'S SIGNATURE <u>Craig Williams</u>	STAR/EMP NO. <u> </u>	WITNESS'S SIGNATURE <u>Sgt. J. Huff</u>	STAR/EMP NO. <u> </u>
RECEIVING STAFF MEMBER'S SIGNATURE <u>Sgt. J. Huff</u>	STAR/EMP NO. <u> </u>	SUPERVISOR'S SIGNATURE <u> </u>	STAR/EMP NO. <u> </u>

PART II - The urine specimen with the control number was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

Conny, on 12 DEC 11, at 1745
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number was removed from the Random Drug Testing Unit refrigerator by (RDTU MEMBER) and then delivered to , on , at .
(LAB MEMBER) (DATE) (TIME)

Specimen received by (LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:

☒ Photo ID ☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) 11/10/11 DISCHARGE

G. Drug Tests to be Performed:

H. Collection Site Name:

Collection Site Code:

Address:

Collector Phone No.:

City, State and Zip:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☒ Single ☐ None Provided (Enter Remark) ☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X
Signature of Collector
(Print) Collector's Name (First, MI, Last)

Time of Collection
12:00 PM
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx
☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:

X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes
☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X
Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No.

Evening Phone No.

Date of Birth

Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE:
☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED

REMARKS

X
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

X
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 12 day of DEC 2011, I PO C. Conrey [REDACTED]
received a collected urine specimen from SGT. MARAFFINO # [REDACTED] The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by PO C. Conrey in the presence
of Sgt MARAFFINO. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by PO C. Conrey, as witnessed by Sgt. MARAFFINO

Specimen delivered by:

Signature

#

Received/stored by:

Signature

#



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name CRAIG WILLIAMS Title PO
Star No. 19033 Employee No. [REDACTED] Unit 015

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name <u>CRAIG WILLIAMS</u>		Involved Member's Signature <u>Craig Williams</u>		Date and Time <u>10 Dec 2011 0115</u>	
Type of Test: Alcohol	Location: <u>025</u>			Date and Time: <u>10 Dec 11 0130</u>	
Type of Test: Drug	Location: <u>025</u>			Date and Time: <u>10 Dec 11 0200</u>	

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name <u>Sgt MARAFFINO #2503</u>		IAD Supervisor's Signature <u>[Signature]</u>		Date and Time <u>10 Dec 11 0215</u>	
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CPD-44.252 (7/10) DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

40005057 AREA/ROUTE/STOP: XXXXXXX
CHICAGO POLICE DEPT
RANDOM DRUG UNIT #1087SW
3510 S MICHIGAN AVE
CHICAGO, IL 60653

LABORATORY REPORT



Quest
Diagnostics

PARTICIPANT NAME		PARTICIPANT ID		ROOM NO.	AGE	SEX	PHYSICIAN
[REDACTED]		[REDACTED]					
PAGE	REQUISITION NO	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME	LOG-IN DATE	FAX DATE	& TIME
1	[REDACTED]	[REDACTED]		12102011 02:00AM	12142011	12142011	03:00PM

REMARKS Client Site Location:

REASON FOR TEST: WEAPONS DISCHARGE
DONOR ID VERIFIED: PHOTO I.D.

REPORT STATUS	FINAL	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
			IN RANGE	OUT OF RANGE			
REPORT FOR:		CHICAGO POLICE DEPT - 40005057 RANDOM DRUG UNIT, #1087SW 3510 S MICHIGAN AVE CHICAGO, IL 60653					
Tests Ordered:		35100N (SAP 10-50/2000 W/NIT)					
Integrity Checks		Acceptable Range					
CREATININE		211.0 mg/dL	>= 20 mg/dL				
pH		5.2	4.5-8.9				
OXIDIZING ADULTERANTS		Negative					
Substance Abuse Panel							
			Initial Test Level	MS Confirm Test Level			
AMPHETAMINES		Negative	1000 ng/mL	500 ng/mL			
BARBITURATES		Negative	300 ng/mL	200 ng/mL			
BENZODIAZEPINES		Negative	300 ng/mL	200 ng/mL			
COCAINE METABOLITES		Negative	300 ng/mL	150 ng/mL			
MARIJUANA METABOLITES		Negative	50 ng/mL	15 ng/mL			
METHADONE		Negative	300 ng/mL	200 ng/mL			
METHAQUALONE		Negative	300 ng/mL	200 ng/mL			
OPIATES		Negative	2000 ng/mL	2000 ng/mL			
PHENCYCLIDINE		Negative	25 ng/mL	25 ng/mL			
PROPOXYPHENE		Negative	300 ng/mL	200 ng/mL			
CERTIFYING SCIENTIST:		KSEY01					
SPECIMEN RECEIVED AND PROCESSED		IN THE LENEXA DHHS CERTIFIED LABORATORY.					
LAB	Quest Diagnostics-Lenexa 10101 Renner Blvd Lenexa KS 66219						
		>> END OF REPORT <<					

TEST RECORD
RBT IV

RBT IV# 022783
DATE 12-10-11
TEST NO. 0084
ID#

23727

AS IV# 098835
TEMPERATURE 20 C

SUBJECT TEST
XBAC TIME

.000 BLANK
.000 AUTO 01:30

SUBJECT

OPERATOR

MARAFFINO

WITNESS

DNA

TEST LOCATION

104# 105212